



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
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Howard K. Koh, MD., MPH
COMMISSIONER

December 11, 2000

Dear Colleague:

Last December we wrote to you about emergency department diversion of ambulances and provided to you some Best Practices Guidelines for consideration in dealing with the problem. We know that hospitals used the Guidelines to address the diversion issue both in their own institution, as well as in coordinating with other pre-hospital and hospital providers. We appreciate those efforts.

However, the problem continues and our concerns have been heightened. It is apparent that diversion is no longer a seasonal event. In some areas of the state, diversions this past summer were as frequent as the winter of 1999. We feel that further measures may need to be instituted immediately in anticipation of this winter's influenza season.

In response to our heightened concern about ambulance diversions, the Department of Public Health and the Massachusetts Hospital Association are providing in the attached document further recommendations on measures that hospitals can and should take to both prevent going on diversion and to manage the process more effectively when diversion becomes necessary. These recommended measures build on the Best Practices Guidelines developed earlier.

Please contact either Brad Prenney at the Department of Public Health (617) 284-8401 or Leslie Kirle at the Massachusetts Hospital Association (781) 272-8000 should you have questions, concerns, or recommendations.

Sincerely,

A handwritten signature in black ink that reads "Howard K. Koh, MD, MPH".

Howard K. KOH, MD, MPH
Commissioner
Massachusetts Department of Public Health

A handwritten signature in black ink that reads "Ron Hollander".

Ronald Hollander
President
Massachusetts Hospital Association

MEASURES THAT HOSPITALS SHOULD TAKE REGARDING AMBULANCE DIVERSIONS

(A) Intra-Institutional Measures: What a hospital should do internally (prevention and planning measures)

- Hospitals should ensure that plans are in place to address community disasters/emergencies, and, that existing plans address the emergency preparedness associated with peak periods of demand. These plans should address measures to take to prevent going on diversion and to minimize and manage diversion when it becomes necessary (see Best Practice Guidelines).
- Where appropriate, institute procedures to get non-emergent patients out of the emergency department and into other treatment areas such as outpatient departments and satellite treatment facilities
- Establish the staffing of all licensed beds as a priority goal during periods of peak demand.
- For periods of overcrowding, hospitals should have a plan governing admission practice. The plan should:
 - based upon consideration of patient safety and need, give priority for admission to emergency cases from the community and from the hospital's emergency department.
 - include policies around the scheduling of elective surgeries that maximize the capacity to meet the variable demand for inpatient beds generated by patients entering through emergency department.
 - distinguish between elective surgical care that can be safely postponed and those surgical cases that are urgent in nature.
- Consider rescheduling truly elective surgeries when inpatient beds are needed by higher acuity patients from the emergency department or community.
- Institute procedures that allow for the timely and efficient discharge of inpatients to home or appropriate post-acute-care facilities.
- Contact the Department when Questions arise as to the possibility of increasing staffed bed resources through the temporary use or transitional care units or of previously de-licensed beds.
- **Minimize the time that patients remain in the emergency department after the decision has been made to admit or transfer. Ensure, for those patients that are admitted but are awaiting a bed, that care is coordinated with the service to which the patient has been admitted.**

- Assure appropriate transfer of patients who have been assessed, stabilized and who need inpatient services when an inpatient bed will not soon be available.
- Consider hiring and/or cross training appropriate staff to expand staffed bed capacity and utilization to meet increased demand.
- Provide flu clinics for staff and pre-hospital providers and prioritize vaccination to care providers at greatest risk of exposure.

(B) Inter-Institutional Measures: What a hospital should do through cooperative arrangements with other hospitals and pre-hospital providers.

- **Develop coordinated diversion policies with ambulance services, Regional EMS Councils and other hospitals in your service area. These policies should focus on reaching agreement around:**
 - common definitions and terms (e.g. boarding, saturation, diversion, etc.).
 - measures to be taken prior to requesting diversion of ambulances.
 - measures to minimize the time on diversion.
 - circumstances when a hospital must go off diversion.
- Ensure expeditious transfer of patients from EMS to hospital staff so as to facilitate getting ambulances back in service.
- Cooperate with other service area providers to develop and institute notification systems that allow for real-time notification of hospital(s) diversion status
- Reduce demand for emergency department resources by working cooperatively with health care providers to direct patients with lower acuity to other facilities (e.g. urgent care clinics) that can provide timely and appropriate care.
- Establish agreements and arrangements with other hospitals that facilitate appropriate transfer of patients when the hospital nears saturation.